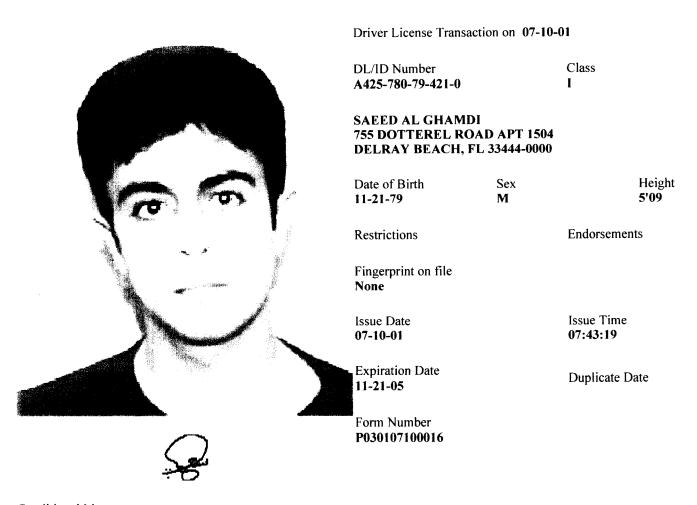
# STATE OF FLORIDA Department of Highway Safety & Motor Vehicles

Driver And Vehicle Information Database (DAVID)

DIGITAL IMAGES ARE RESTRICTED TO LAW ENFORCEMENT USE PURSUANT TO S. 322.142(4), FLORIDA STATUTES - IMAGES INCLUDE PHOTOGRAPHS AND SIGNATURES

### **Driver License Transaction Page**



Conditional Messages:

Associated Application

Individual Summary New Search Main Menu



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## Application for Driver License/I.D. Card or Receipt

#### **IDENTIFICATION CARD**

DL/ID Number: A425780794210 Class: I

County: 6

I do hereby certify that the answers given by me on this application are true. I also understand the operation of a motor vehicle constitutes consent to any sobriety test required by law and consent to release of

driving records required by law.

755 DOTTEREL ROAD APT 1504 **DELRAY BEACH, FL 33444-**0000

Issue Type: Original

Phy. Exam

SAEED AL GHAMDI

Conditional Messages:

Date of Birth Race Sex Height Restrictions Endorsements Issue date Issue time **Expiration date** Duplicate date 5'09 07-10-01 07:43:19 11-21-05 00-00-00 11-21-79 M

> Cashier Name/ID Office DL/ID Issued

> > Double/Triple

Tanker

Passenger

Form number Examiner Name/ID Social Security Nbr. 999-99-9999 (P03) DAVID/4615 P03 Yes P030107100016 (P03) DAVID/4615

**EXAMINATIONS** 

Non-English Exam MC Skill Oral Exam **DELAP** Road Sign Road Rule Drive Test MC Rule

No No No

Vision Report Medical Report Hearing Vision Tag Number Contact Lenses Visual Acuity WITHOUT

Comb. Veh.

No Correction

left: right: both:

Air Brakes

**CDL EXAMINATIONS** 

Comply 391 Haz.Mat. Basic Skill Skill Test Third Party Knowledge Type Inspect

No

Applicant: Do you operate a CMV outside the State of Florida? (Y/N) No

**OUT OF STATE LICENSE INFORMATION** 

Issue Date License Number Expiration Disposition State

> 00-00-00 00-00-00

#### STATEMENT OF APPLICANT CONCERNING LICENSE OR ID CARD

- I have been convicted of DWI/DUI 2 or more times within the last 5 years or 3 or more times within the past 10 years in any state.
- I have in my possession or under my control a valid driver license issued by the State of Florida, or any other state.
- I have been licensed in another state.

Gen Knowledge

Due to my part time residence/employment or military assignment in the State, it is necessary for me to retain my out-of-state driver license.

#### IDENTIFICATION AND PHYSICAL/MENTAL QUALIFICATIONS

Ever adjudged by a court to be afflicted or suffering from any mental disorder or disease?

If yes, have you been restored to compentency as required by Date: State: Have you suffered from epilepsy, fainting, or dizzy spells within the past two years? If YES explain: Are you addicted to drugs or intoxicants? If YES explain: Have your driving privilege ever been revoked, suspended or denied in any state? Restored: State: Reason: Date: Rights Restored? N Sexual Offender? Convicted Felon? Sexual Predator? Identification: PASSPORT, US-194. Disabilities: None Fingerprint on file: None **REMARKS** Issue Comments: Previous FL Number Change Type **FL Dispostion Donor Info US** Citizen FL Resident No No None Relationship: Guardian: Tax Collector **Donation Amount** Service Fee lic/ID Fee Delinquent Mailin Sec. Deposit FR Refee \$0.00 \$0.00 \$0.00 \$0.00 \$3.00 No \$0.00 **Data Source** Program Version Receipt Number Log Number Total Amount Money Type VER1 0016 Host \$3.00 CA

Restored: